

<i>SERFF Tracking Number:</i>	<i>HNST-125958647</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln General Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>2008AR15CF</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Delay Adopt ISO Multistate Water Exclusion</i>		
<i>Project Name/Number:</i>	<i>Delay Adopt ISO Multistate Water Exclusion/2008AR15CF</i>		

Filing at a Glance

Company: Lincoln General Insurance Company

Product Name: Delay Adopt ISO Multistate SERFF Tr Num: HNST-125958647 State: Arkansas

Water Exclusion

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: 2008AR15CF

State Status: Fees verified and received

Filing Type: Form

Co Status: Cathy Ruppel

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Denise Stump, Catherine Ruppel

Disposition Date: 12/22/2008

Date Submitted: 12/19/2008

Disposition Status: Approved

Effective Date Requested (New): 12/01/2009

Effective Date (New): 12/01/2008

Effective Date Requested (Renewal): 12/01/2009

Effective Date (Renewal): 12/01/2008

State Filing Description:

General Information

Project Name: Delay Adopt ISO Multistate Water Exclusion

Status of Filing in Domicile: Pending

Project Number: 2008AR15CF

Domicile Status Comments: n/a

Reference Organization: ISO

Reference Number: CL-2008-OWEFO

Reference Title: Multistate Water Exclusion

Advisory Org. Circular: LI-CF-2008-215

Filing Status Changed: 12/22/2008

State Status Changed: 12/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

As a participating member of the Insurance Services Office (ISO), Lincoln General Insurance Company would like to adopt the Commercial Property Forms submitted under ISO filing CL-2008-OWEFO.

The company chosen effective date is December 1, 2009.

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Company Tracking Number: 2008AR15CF
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Delay Adopt ISO Multistate Water Exclusion
Project Name/Number: Delay Adopt ISO Multistate Water Exclusion/2008AR15CF

Company and Contact

Filing Contact Information

Denise Stump, State Filing Analyst denise.stump@lincolngeneral.com
PO Box 3709 (800) 876-3350 [Phone]
York, PA 17402-0136 (717) 757-7917[FAX]

Filing Company Information

Lincoln General Insurance Company CoCode: 33855 State of Domicile: Pennsylvania
P.O. Box 3709 Group Code: 1326 Company Type: Property & Casualty
3501 Concord Rd
York, PA 17402 Group Name: Kingsway Financial State ID Number:
Group
(717) 757-0000 ext. [Phone] FEIN Number: 23-2023242

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25.00 per ISO reference filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln General Insurance Company	\$25.00	12/19/2008	24648392

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/22/2008	12/22/2008

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Disposition

Disposition Date: 12/22/2008

Effective Date (New): 12/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment: adopting the Commercial Property Forms submitted under ISO filing CL-2008-OWEFO.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *HNST-125958647* *State:* *Arkansas*
Filing Company: *Lincoln General Insurance Company* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *2008AR15CF*
TOI: *01.0 Property* *Sub-TOI:* *01.0001 Commercial Property (Fire and Allied Lines)*

Product Name: *Delay Adopt ISO Multistate Water Exclusion*
Project Name/Number: *Delay Adopt ISO Multistate Water Exclusion/2008AR15CF*

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/22/2008
Comments:	please see attached			
Attachment:	P&C Transmittal.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)